



**PATIENT**

Pepsi Neimor

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

15 Years

**WEIGHT**

3.92 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Anique McCrea-  
Spence

**HOSPITAL NAME**

Woodridge VC

**REFERRING VET**

Anique McCrea-  
Spence

**INVOICE**

13451

**DATE**

10/1/21

**PRESENTING CLINICAL SIGNS**

History: Pepsi has about a 1-month history of weight loss and vomiting. The vomit is sometimes bile, sometimes is her food. There is no pattern to when she vomits. She will act very hungry and go to her food, but then just lick the gravy off the canned food. She presented in early September 2021 for these symptoms, examined, and treated empirically with SC fluids and cerenia, as well as RC GI high fiber diet - there was no significant improvements, so o elected to do diagnostics about 1 week later. Bloodwork and abdominal radiographs were unremarkable at the recheck mid-September. She was treated for potential suspected pancreatitis, as bloodwork was unremarkable, with buprenorphine, cerenia, mirtazipine, and antibiotics. About 2 weeks later, she presented for another recheck. She had been doing much better initially on the antibiotics, and o wasn't needing to use the mirtazipine. She has recently started vomiting more again but is eating a bit better. O is trying many different kinds of foods and some she seems to vomit less on. She has not lost weight in the last 2 weeks but still underweight. Did abdominal ultrasound and thoracic rads today. Ddx for the persistent vomiting/inappetance/weight loss - GI disease (IBD, lymphoma)? Cholecystitis? Pancreatitis? Neoplasia? Other? Cat was sedated with buprenorphine and dexmedetomidine for the ultrasound today. Also, cat is not currently on any medications (day 14 of Cefovecin injection).

Abnormal PE/Chem/CBC/UA Results: PE abnormalities - BCS 2/5. Mild periodontal disease. Mild cranial abdominal pain when scanning for ultrasound, but on PE she did not have any abdominal pain at previous exams. Chemistry/CBC and T4 results - Unremarkable. Abdominal radiographs - Unremarkable. Thoracic radiographs - Unremarkable.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.0 cm. The right kidney measured 3.13 cm.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.



## PATIENT

### Liver

Pepsi Neimor

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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## BREED

### Gastrointestinal

DSH

The **gastrointestinal tract** revealed minor variable thickening and mild echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. The gallbladder is mildly overdistended yet likely owing to NPO status.

## SEX

Spayed Female

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### Pancreas

The left **pancreatic** limb is slightly heterogeneous, mildly irregular and hypoechoic with enhanced surrounding mesentery, suggestive for inflammation.

## WEIGHT

3.92 kg

## ULTRASONOGRAPHIC FINDINGS

- Minor pancreatitis
- Minor IBD GI pattern
- Age-related renal changes

## INTERPRETED BY

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of neoplastic criteria. A clinical trial of Zithromax/metronidazole combination, diet change to hydrolyzed diet, low dose prednisolone could be considered. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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Spence

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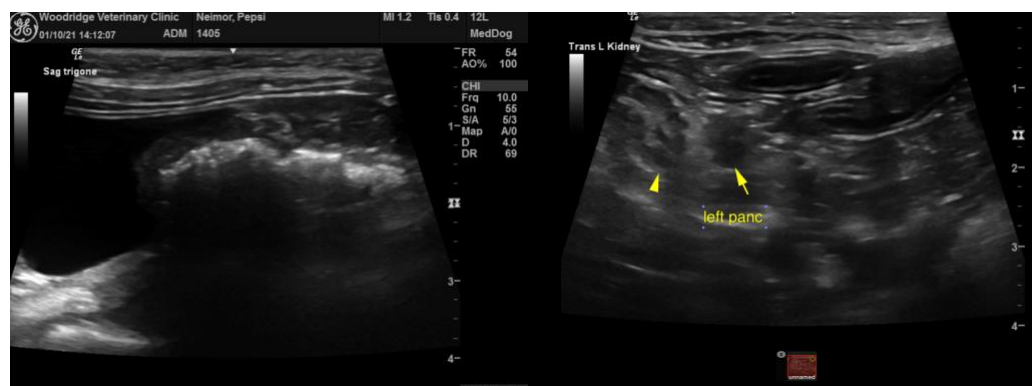
Anique McCrea-  
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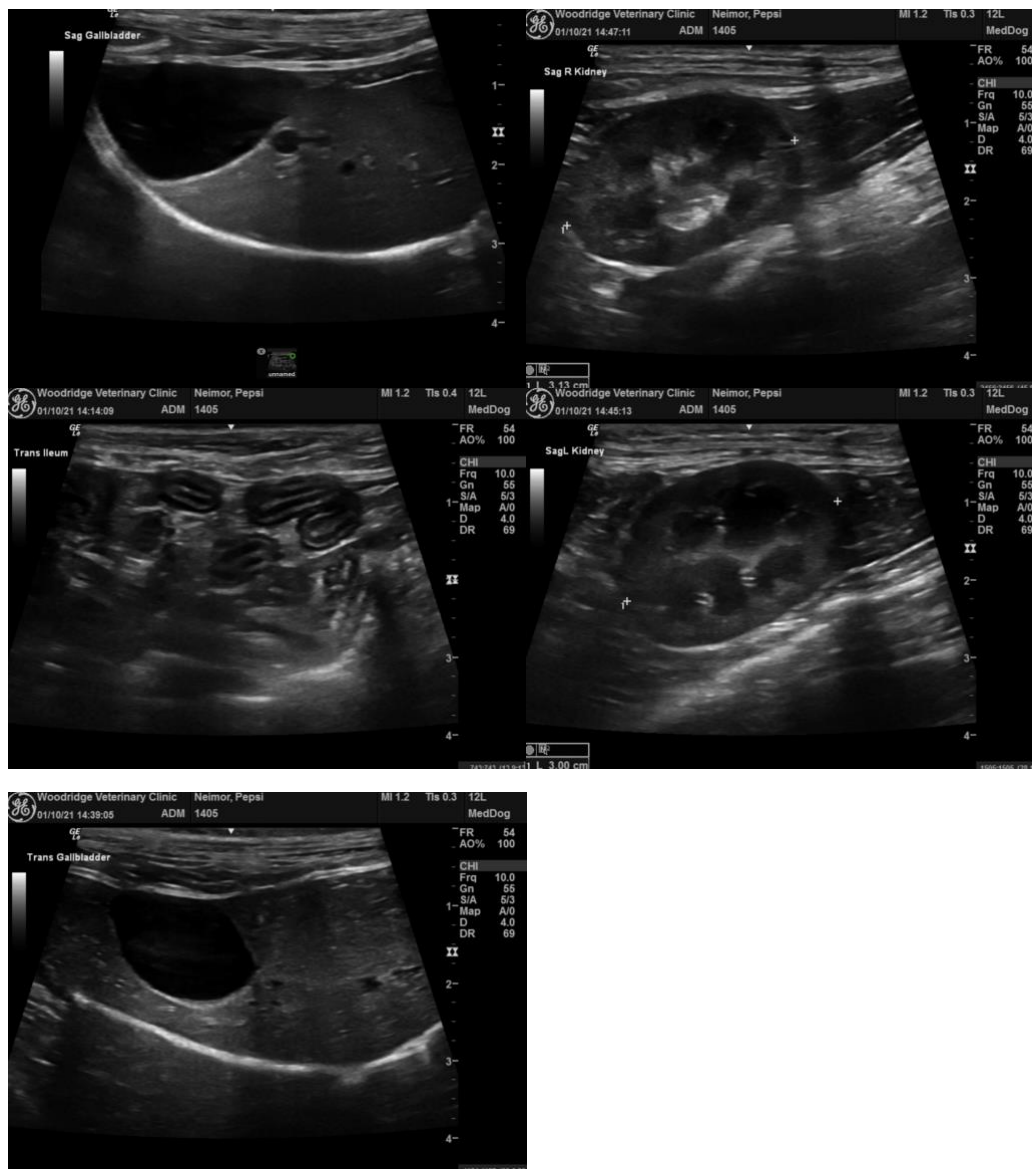
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com